



Gifted and Talented – Parent/Guardian Nomination Form

Parents/Guardians should complete this form if they believe their child is performing well above grade level or demonstrating exceptional strengths or talents and would like their child’s performance and achievement to be reviewed to determine eligibility for gifted education services.

Once this form is received, the designated GT building support specialist or school counselor will consult with teachers and analyze test and performance data to determine if additional assessments are warranted and if the criteria for gifted education services have been met. The results of the screening process will be communicated to parents through a meeting, phone call or letter.

Student Name _____ Grade _____ Date _____

School _____ Person Nominating Student _____

Relationship to Student _____ Phone Number _____

Email address _____

Please check below which area(s) may apply to your child, and give specific examples of behaviors that support this area of nomination.

General Intellectual Ability

Processes new information quickly, uses advanced vocabulary, sees connections in concepts, focuses for long periods of time on special interests, or enjoys solving puzzles and problems.

Specific Academic Ability

Shows unusual/advanced ability in:

___ Reading ___ Math

Creative Ability

Has a vivid imagination, a keen aesthetic sense, unique ideas in problem solving situations, may be risk-taker, adventurous, non-conforming, often asks "why" or sees the unusual.

Leadership Ability

Organizes and leads groups, carries responsibility well, tolerant and flexible with peers, possesses good self-confidence, or may be overbearing at times.

Artistic Ability

Selects art media for free time, shows originality and creativity in the use of art media, keenly observes his/her environment, sees the unusual, easily remembers melodies and can produce them accurately; enjoys performing for others.

Shows a heightened interest in: ___ music ___ art

Has an exceptional sense of: ___ rhythm ___ pitch ___ creativity

Briefly describe your child's major interests, hobbies and other creative endeavors.

Please attach any other information which you believe is relevant and would assist us in getting to know your child's interests and abilities.

_____ I understand that group tests of ability such as the Cognitive Abilities Test or individual tests of aptitude or achievement such as the Wechsler may be administered to my child as part of the identification process. Results of all tests will be shared with parents.

Parent/Guardian Signature: _____

Date: _____

**Please submit completed form to your building's Gifted Support Specialist (elementary)
or School Counselor (secondary)**